

MENTAL HEALTH

Vision: A community that works collaboratively to prevent suicide and supports recovery efforts of individuals and families.

Mission: Frederick County will coordinate a seamless system of prevention, intervention, treatment, and recovery services available to all regardless of ability to pay.

Mental Health Priorities:

1. Continue to compile and review local data to identify emerging trends and services to be provided;
2. Develop and maintain a continuum of prevention, intervention, treatment, and recovery services.

Goals:

1. There will be 24-hour walk-in mental health services.
2. There will be “Behavioral Health Home” services available (i.e. behavioral health providers will develop resource capacity and evidence-based practice expertise to help individuals with behavioral health conditions to improve their physical health.
3. There will be sufficient psychiatrist resources available to meet the need of Frederick County residents.
4. Stigma will not be a barrier to accessing mental health care (so that those experiencing a mental health crisis will choose life as an alternative to suicide).

Each Objective has been assigned to a subgroup committee. Each subgroup committee has at least one Mental Health Provider Council member who will report progress to the whole MHPC at regular meetings.

Next meeting Friday, December 2nd 8:30am (FC Mental Health Provider Council).

Priority # 1 – Mental Health

1. Priority : Mental Health			
Goal 1: There will be (24-hour) walk-in Mental Health services.			
Members: Jim Williams jwilliams@fmh.org 240-566-3214 Pat Hanberry phanberry@fcmha.org 240-215-0415 Linda Hofmann hofmann@fmh.org Todd Johnson tjohnson@cityoffrederick.com Tina Spratt tspratt@fcmha.org David Pearce dnpearce@hotmail.com			
Objectives		<u>Recommended Person(s)</u> Responsible	Completed by When?
Mental Health			
Objective 1: 1. Identify appropriate accessible setting to provide services, including ample security, lighting, transportation, parking, etc.	1.1 : Investigate hospital space – urgent care facilities, space adjacent to ER in FMH, etc.	Jim Williams, Linda Hofmann	September, 2012
	1.2: Investigate community space, e.g., Mental Health Association, Community Action Agency, Religious Coalition, etc.	Pat Hanberry, Todd Johnson, Tina Pratt, David Pierce	September, 2012
Objective 2: Design staffing patterns, including physicians, nurse practitioners, mental health professionals, etc. (lighting)	2.1 Determine model to be used (medical, case mgmt. etc.) 2.2: Identify numbers and types of professionals required	Committee.	September, 2012
Objective 3: Determine Costs.	3.1: To be determined	Committee	September, 2012

Objective 4: Identify funding sources	4.1: Identify in-kind contributions	Committee	October, 2013
	4.2: Investigate commercial insurance, MA, etc. payment for urgent care	Committee	
	4.3: Investigate foundations; write proposals	Committee	
Objective 5: Develop criteria for referral and protocols for referral, treatment, etc.	5.1 Determine eligibility criteria	Committee	September, 2014
Objective 6: Market service to referral sources	6.1 Train 2-1-1 staff in eligibility criteria	Committee	October, 2014
	6.2 Educate other community providers about services	Committee	
Objective 7: Staff program	7.1 Recruit, hire, and train staff	Committee	November, 2014
Objective 8: Open services and market to community	8.1 Use newspaper, radio, magazines, etc. to advertise service	Staff and Committee	
	8.2 Develop brochures and cards; distribute to agencies and general public		

1. **Priority:** Mental Health Care - Continue to compile and review local data to identify emerging trends and services to be provided.

Goal 2: There will be “Behavioral Health Home” services available.

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Lori Schroyer-Wells lwells@waystationinc.org

Objectives	Key Actions	Recommended Person(s) Responsible	Completed by When?
Objective 1: At least one behavioral health provider as a pilot will meet the standards at a “Patient-Centered Medical Home” (e.g. hiring nurse care manager) by 10/30/12.	1.1: At least one behavioral health provider will meet standards of a “Patient-Centered Medical Home”.	Way Station will be pilot, with technical assistance from FMH and FCHD.	October 30, 2012
Objective 2: Those behavioral health providers will also implement an integrate the SAMSHA-endorsed evidence-based practice at “Integrated Illness Management and Recovery” by 10/30/2012.	2.1. That provider will implement and integrate the evidence-based profile of “Integrated Illness Management & Recovery”	Way Station will be pilot with technical assistance from FMH and FCHD	October 31, 2012
Objective 3: Evaluate clinical effectiveness and cost efficiency of services	3.1: Evaluate clinical and cost effectiveness of interventions.	Way Station, FMH and FCHD	December 31, 2012
	3.2 Seek funding to accomplish three objectives above	Way Station	February 1, 2012

1. **Priority:** Mental Health - Develop and maintain a continuum of prevention, intervention, treatment, and recovery services.

Goal 3: Increase number of psychiatrists by 5-6

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Objective(s)	Key Actions	Recommended Person(s) Responsible	Completed by When?
Objective 1: Hire 5 – 6 psychiatrists to provide services to Frederick County residents.	1.1: Apply for funding to hire psychiatrists	Committee (grant writing)	December 31, 2012
	1.2: Begin recruitment process	Committee	January 31, 2013
	1.3 Establish Interview Committee	Committee	January 31, 2013
	1.4 Select/hire at least 5 new psychiatrists to provide services in Frederick County	Committee – to be determined	
Objective 2: Increase reimbursement of psychiatrist services to be more closely aligned with cost of service.	2.1: Negotiate increased in insurance reimbursement rates with contracted health insurance agencies	Committee to be determined	March, 2013

1. Priority: Mental Health Care - Develop and maintain a continuum of prevention, intervention, treatment, and recovery services.			
Goal 4: Stigma will not be a barrier to accessing mental health care.			
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Objectives	Key Actions	Recommended Person(s) Responsible	Completed By When ?
Objective 1: Mental Health awareness education resources to be provided to all Frederick County primary care and emergency providers.	1.1: Education will be provided to and available to 75% of primary care emergency and behavioral health settings.	Members of the Frederick County Mental Health Provider Council.	December, 2013
Objective 2: Create a website as a single source of information on mental health resources, suicide intervention/crisis assistance, for Frederick County Residents	2.1: Identify local, State and National resources (2-1-1 as template/existing resource as model).	Members of the Frederick County Mental Health Provider Council and FCHD	October, 2013
	2.2: Create/design website as a portal of information, detailing alternatives to suicide ("choose life.").		
	2.3: Develop marketing materials and translate into other languages.		
Objective 3: provide education and tools to Frederick County primary care providers on stress/depression indicators, screening tests.	3.1: 50% of primary care physicians will be educated about depression and stress indicators, use of screening tools	FC-MHPC to compile and approve (valid/proven reliability) screening tools to recommend to Primary Care Providers.	June, 2014
Objective 4: Individuals with mental illness to do public witnessing.	4.1: Individuals with mental/emotional/trauma challenges witness to community	A consortium headed by On Our Own	Already started but put in full gear 2012
Objective 5: Individuals with mental illness to serve on treatment teams as peer specialists.	5.1: Peers become certified for peer support	On Our Own of Frederick and Maryland	Spring 2012
Objective 6: Seek funding to accomplish three objectives above	6.1: Peer support become part of community team to reach out	On Our Own, Way Station, MHA, FCAA, etc.	By 2013

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